COMBINED DECLAR (Includes Reference to PCT Int			APPLICATION AND F	OWER OF ATTO	RNEY		ATTORNEY'S DOCKET NUMBER PU3851US2
As belo	ow named in	ventor. I here	by declare that:				
My residence, p	ost office ad	ldress and citiz	enship are as stated belo	ow next to my name.			
			ventor (if only one named ct matter which is claim				
chinica.	SUPERF	ICIAL ZONE	PROTEIN-BINDING N	MOLECULES AND	USES THE	REOF	
the specification	of which (c	check only one	item below):				
[ ]is attached h	ereto.						
[ x ]was filed a on (if applicable		tes application	Serial No. <u>09/780,718</u> c	on <u>Feb. 9, 2001</u> and	was amended	d	
[ ] was filed as	PCT interna	tional applicat	ion Number	on			
and was an	nended unde	r PCT Article	19 on	(if applic	able).		
I hereby state th	at I have rev	viewed and und	derstand the contents of y referred to above.		•	n, includi	ng the claims,
•	•	•	•	a matantahilitu as da	finad in Title	27 Cod	a of Fodorol
Regulations, §1	.56 and all i	information wh	ation which is material t nich became available be tinuation-in-part applica	etween the filing of t			
I hereby claim f	oreign prior	ity benefits un	der Title 35, United Stat	es Code. 8119 (a)-(d	l) or 8365(b)	of any fo	oreign
applications(s)	for patent or	inventor's cert	ificate or 365(a) of any	PCT international ap	plication(s)	designati	ng at least one
			nerica listed below and h				
on which priorit			international application	i(s) naving a ming d	ale before in	iat of the	application(s)
PRIOR FOREIGN/PC	F APPLICA						Lanyonymu
COUNTRY (if PCT indicate PC	T)	APPLICA	TION NUMBER	APPLICAT	ION DATE	•	PRIORITY CLAIMED
1. GB	1)	00	003092.4	02/10	0/2000		x
2.					· <del>-</del>		
3.							
I hereby claim the benefit		35, United St		•	isional appli	cation(s)	listed below:
Applica	tion No.			(MM/DD/YYYY)			
1. 60/181377 2. 60/201,989				2/09/2000			
2. 60/201,989 3.			0.	5/03/2000		<u> </u>	
I hereby claim the benefit unde	er Title 35, Uni	ted States Code, §	120 of any United States appl	ication(s) or §365(c) of a	my PCT interna	tional appl	ication(s) designating
the United States of America to							
application(s) in the manner pr in Title 37, Code of Federal Re							
date of this application:							
	<del> </del>						
PRIOR U.S. APPLICATION N			L APPLICATIONS DESIGN U.S. FILING DATE	PATENTED	PENDING		ABANDONED
J.S. I BIONTION		<del></del>	O.S. FIDING DATE	MILITED	LINDIN	<del>-</del>	··
		DESIGNATIN					
PCT APPLICATION NO.	PCT FII	LING DATE	U.S.FILING NUMBERS ASSIGNED (if any)				
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		ATION FOR PATENT APPLICATION APPLICATION APPLICATION (INTERPRETAIN APPLICATION	CATION AND POWE	CR OF ATTO	PRNEY	ATTORNEY'S DOCKET No. PU3851US2
POWER	R OF ATTORNEY: A	As a named inventor, I hereby appoint the connected therewith. (List name and re	following attorney(s) and/or a	agent(s) to prose	ecute this application a	nd transact all business ir
	vid J. Levy			No. 39,009	John L. Lemanowicz	Reg. No. 37.380
	arles E. Dadswell	•		No. 37,092	Bonnie Deppenbrock	
Kaı	ren L. Prus		ank P.Grassler Reg. N	No. 31,164	Elizabeth Selby	Reg. No. 38,298
	bert H. Brink		nristopher P. Rogers Reg. N	No. 36,344	Lorie Ann Morgan	Reg. No. 38,181
		Five Moore Drive, PO Box 13398, Resea				
	lliam H. Needle			No. 28,753	Corin, Shari J.	Reg. No. 46,243
	vid G. Perryman endolyn D. Spratt	,	<del>_</del>	No. 33,919 No. 38,300	Gregory J. Kirsch D. Andrew Floam	Reg. No. 35,572 Reg. No. 34,597
	lliam R. Johnson			No. 40,274	Mary L. Miller	Reg. No. 39,303
	arles H. Fails	•		No. 35,276	Kean DeCarlo	Reg No.39,956
-	Vonda R. DeWitt			No. 46,659	Jacqueline M. Hutte	
	ri L. Kerber	Reg. No. 41,113	ina McKeon Reg.	. No. 43,791	Mark A. Murphy	Reg. No.42,915
Liz	ette M. Fernandez		Lawrence A. Villanueva Reg		Patricial L. Ades	Reg. No. 44,496
	igkang Xia			. No. 45,242		
Each of I	Needle & Rosenberg, I	P.C., 127 Peachtree Street, N.E., Atlanta,	GA 30303			
Sand C	orrespondence to:	111111011111111111111111111111111111111			Direct Telephone Ca	ills to:
Sella C	orrespondence to:					McKeon
					1	•
		23859			1	ONE NO.:
		PATENT TRADEMARK OFFICE			1	688-0770
	I hereby declare	that all statements made herein o	f my own knowledge ar	re true and tha	at all statements m	ade on information
	and belief are be	elieved to be true; and further that	these statements were n	made with the	knowledge that w	villful false
	statements and t	he like so made are punishable by	fine or imprisonment, of	or both, unde	r section 1001 of	Title 18 of the
		ode, and that such willful false sta				
	thereon.	,	terries may juspus and		or one approximation	F
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	/INITIAL
2	OF INVENTOR	HUTCHINS	Jeff		T.	
-	RESIDENCE &	СПУ	STATE OR FOREIGN COUNT	TRY	COUNTRY OF CITIZEN	SHIP
0	CITIZENSHIP	Chapel Hill	NC		US	
	POST OFFICE	POST OFFICE ADDRESS	СПҮ		STATE & ZIP CODE/CO	UNTRY
1	ADDRESS	3109 Colony Wood Drive	Chapel Hill		NC 27514 US	
201	SIGNATURE	Aff? Thetolumi			DATE: 2/21/	2001
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	/INITIAL
2	OF INVENTOR	KUETTNER	Klaus		E.	
	RESIDENCE &	CITY	STATE OR FOREIGN COUNT	TRY	COUNTRY OF CITIZEN	SHIP
0	CITIZENSHIP	Chicago	IL		US	
	POST OFFICE	POST OFFICE ADDRESS	СПУ		STATE & ZIP CODE/CO	UNTRY
2	ADDRESS	c/o Rush Presbyterian St. Luke's Medical Center, 1753 West Congress	Chicago		IL 60612 US	
		Parkway	ļ		-	
202	SIGNATURE		·		DATE:	<del></del>
			* I			(TAILETT A.K.
_	FULL NAME	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME Mason	/INITIAL
2	OF INVENTOR	LINDLEY	Kathryn STATE OR FOREIGN COUNT	TTDV	COUNTRY OF CITIZEN	CUID
0	RESIDENCE &	CITY Chapel Hill	NC	INI	US	SHU.
U	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/CO	UNTRY
3	ADDRESS	c/o Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398		Park	NC 27709 US	
203	SIGNATURE				DATE:	
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME		SECOND GIVEN NAME	INITIAL
_	OF INVENTOR	SCHMID	Thomas	TOV	M.	CHIR
0	RESIDENCE & CITIZENSHIP	Downers Grove	STATE OR FOREIGN COUNT	IIKY	COUNTRY OF CITIZEN US	onir'
4	POST OFFICE	POST OFFICE ADDRESS C/o Rush	CITY		STATE & ZIP CODE/CO	UNTRY
7.	ADDRESS	Presbyterian St. Lukes Medical	Chicago		IL 60612 US	•
		Center, 1753 West Congress Parkwa				
204	SIGNATURE				DATE:	
					DAID.	

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET No. PU3851US2

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

	uje i atein and Trademar On	nee connected diciemidi. (Lis	n nume and registration number,				
	David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	John L. Lemanowicz	Reg. No. 37,380	
	Charles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	Bonnie Deppenbrock	Reg. No. 28,209	
	Karen L. Prus	Reg. No. 39,337	Frank P.Grassler	Reg. No. 31,164	Elizabeth Selby	Reg. No. 38,298	
	Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,344	Lorie Ann Morgan	Reg. No. 38,181	
1	Each of Glaxo Wellcome Inc	., Five Moore Drive, PO Box	13398, Research Triangle Park, NC	27709			
	William H. Needle	Reg. No. 26,209	Sumner C. Rosenberg	Reg. No. 28,753	Corin, Shari J.	Reg. No. 46,243	
	David G. Perryman	Reg. No. 33,438	Mitchell A. Katz	Reg. No. 33,919	Gregory J. Kirsch	Reg. No. 35,572	
	Gwendolyn D. Spratt	Reg. No. 36,016	Nagendra Setty	Reg. No. 38,300	D. Andrew Floam	Reg. No. 34,597	
	William R. Johnson	Reg. No. 32,875	Allan G. Altera	Reg. No. 40,274	Mary L. Miller	Reg. No. 39,303	
	Charles H. Fails	Reg. No. 37,616	Lawrence D. Maxwell	Reg. No. 35,276	Kean DeCarlo	Reg No.39,956	
	La Vonda R. DeWitt	Reg. No. 40,396	Wesley B. Derrick	Reg. No. 46,659	Jacqueline M. Hutte	r Reg. No. 44,792	
	Lori L. Kerber	Reg. No. 41,113	Tina McKeon	Reg. No. 43,791	Mark A. Murphy	Reg. No.42,915	
	Lizette M. Fernandez	Reg. No. 46,694	Lawrence A. Villanuev	va Reg. No. 43,968	Patricial L. Ades	Reg. No. 44,496	
	Tingkang Xia	Reg. No. 45,242	Jennifer P. Wright	Reg. No. 45,242			

Send Correspondence to:

Each of Needle & Rosenberg, P.C., 127 Peachtree Street, N.E., Atlanta, GA 30303

Direct Telephone Calls to:

Tina McKeon

PHONE NO.: 404-688-0770

PATENT TRADEMARK OFFICE I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HUTCHINS	Jeff	T.
	RESIDENCE &	СПҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Chapel Hill	l NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	3709 Colony Wood Drive	Chapel Hill	NC 27514 US
201	SIGNATURE			DATE:
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KUETTNER	Klaus	E.
-	RESIDENCE &	CTTY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Chicago	IL	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	c/o Rush Presbyterian St. Luke's	Chicago	IL 60612 US
		Medical Center, 1753 West Congress	}	-
		Parkway	L	
202	SIGNATURE	Slaw Heather		DATE: 2- 19-201
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LINDLEY	Kathryn	Mason
	RESIDENCE &	CTTY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Chapel Hill	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	c/o Glaxo Wellcome Inc., Five Moore	Research Triangle Park	NC 27709 US
		Drive, PO Box 13398	<u> </u>	
203	SIGNATURE			DATE:
			1	SECOND GIVEN NAME/INITIAL
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	M.
	OF INVENTOR	SCHMID	Thomas	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY  IL	US
	CITIZENSHIP	Downers Grove	CITY	STATE & ZIP CODE/COUNTRY
4	POST OFFICE	POST OFFICE ADDRESSC/o Rush	Chicago	IL 60612 US
	ADDRESS	Presbyterian St. Lukes Medical Center, 1753 West Congress Parkway	Cincago	11,00012,00
<del></del>	CYCNI A MY ID D	Center, 1755 West Congress Parkway	J	D 4 (MZ)
204	SIGNATURE	1		DATE:
L		<u></u>		l

		ATION FOR PATENT APPLICA	ATION AND POWER OF ATTO	ORNEY	ATTORNEY'S DOCKET No. PU3851US2
		s a named inventor, I hereby appoint the for		secute this application a	nd transact all business
	id J. Levy	,	es P. Riek Reg. No. 39,009	John L. Lemanowicz	Reg. No. 37,380
	rles E. Dadswell		inia C. Bennett Reg. No. 37,092	Bonnie Deppenbrock	
	en L. Prus		k P.Grassler Reg. No. 31,164	Elizabeth Selby	Reg. No. 38,298
Rot	ert H. Brink	Reg. No. 36,094 Chri	stopher P. Rogers Reg. No. 36,344	Lorie Ann Morgan	Reg. No. 38,181
Each of C	Glaxo Wellcome Inc., l	Five Moore Drive, PO Box 13398, Research			
Wil	liam H. Needle		nner C. Rosenberg Reg. No. 28,753	Corin, Shari J.	Reg. No. 46,243
Dav	id G. Perryman		chell A. Katz Reg. No. 33,919	Gregory J. Kirsch	Reg. No. 35,572
	endolyn D. Spratt		gendra Setty Reg. No. 38,300	D. Andrew Floam	Reg. No. 34,597
	liam R. Johnson		an G. Altera Reg. No. 40,274	Mary L. Miller	Reg. No. 39,303
	arles H. Fails	•	vrence D. Maxwell Reg. No. 35,276	Kean DeCarlo	Reg No.39,956
	Vonda R. DeWitt	,	sley B. Derrick Reg. No. 46,659	Jacqueline M. Hutte	
	i L. Kerber	•	a McKeon Reg. No. 43,791 wrence A. Villanueva Reg. No. 43,968	Mark A. Murphy Patricial L. Ades	Reg. No.42,915 Reg. No. 44,496
	ette M. Fernandez		nnifer P. Wright Reg. No. 45,242	raticiai L. Aues	Neg. 110. 44,430
nii Androf	gkang Xia Jaadla & Posenberg I	P.C., 127 Peachtree Street, N.E., Atlanta, G.			
acii oi r	vectic & Ruschberg, 1	.c., 127 Teachiree Street, N.E., Atlanta, O.	A 30303		
Sand C	orrespondence to:	1 CT 513 O F O F O F O F O F O F O F O F O F O	111111	Direct Telephone Ca	ills to:
,ciiu C	orrespondence to.		L	,	McKeon
					•
		23859		PHC	ONE NO.:
				404-	-688-0770
	I hereby declare	that all statements made herein of	my own knowledge are true and the	nat all statements m	ade on information
		lieved to be true; and further that the			
		he like so made are punishable by f			
	United States Co	ode, and that such willful false state	ements may jeopardize the validity	of the application	or any patent issui
	thereon.				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	/INITIAL
2	OF INVENTOR	HUTCHINS	Jeff	T.	
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN	SHIP
0	CITIZENSHIP	Chapel Hill	NC	US	
	POST OFFICE	POST OFFICE ADDRESS 3709 Colony Wood Drive	Chanal Hall	STATE & ZIP CODE/CO	DUNTRY
1	ADDRESS	3709 Colony Wood Diffe	Chapel Hill	NC 27514 US	<del></del>
201	SIGNATURE			DATE:	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	INITIAL
2	OF INVENTOR	KUETTNER	Klaus	E.	
2	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN	SHIP
0	CITIZENSHIP	Chicago	IL	US	
Ū	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/CO	UNTRY
2	ADDRESS	c/o Rush Presbyterian St. Luke's	Chicago	IL 60612 US	
-	1	Medical Center, 1753 West Congress			
		Parkway			
202	SIGNATURE			DATE:	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	INITIAL
2	OF INVENTOR	LINDLEY	Kathryn	Mason	
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN	ISHIP
0	CITIZENSHIP	Chapel Hill	KNC	US	
	POST OFFICE	POST OFFICE ADDRESS Glaro Milk Klind		STATE & ZIP CODE/CO	DUNTRY
3	ADDRESS	Drive, PO Box 13398	Research Triangle Park	NC 27709 US	_
203	SIGNATURE	Many - Mis D	)	DATE:	
		MUXXX 1			
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	/INITIAL
	OF INVENTOR	SCHMID	Thomas	M.	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN	ISHIP
	CITIZENSHIP	Downers Grove	IL	US	
4	POST OFFICE	POST OFFICE ADDRESSC/o Rush	Chicago	STATE & ZIP CODE/CO	DUNTRY
	ADDRESS	Presbyterian St. Lukes Medical	Chicago	IL 60612 US	
	<u> </u>	Center, 1753 West Congress Parkway			<del></del>
204	SIGNATURE			DATE:	
	I	İ		1	

## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY ATTORNEY'S DOCKET No. PU3851US2 (Includes Reference to PCT International Applications) POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) John L. Lemanowicz Reg. No. 37,380 Reg. No. 39,009 Reg. No. 27,655 James P. Riek David J. Levy Reg. No. 35,851 Reg. No. 37,092 Bonnie Deppenbrock Reg. No. 28,209 Virginia C. Bennett Charles E. Dadswell Reg. No. 31,164 Elizabeth Selby Reg. No. 38,298 Karen L. Prus Reg. No. 39,337 Frank P.Grassler Reg. No. 36,094 Christopher P. Rogers Reg. No. 36,344 Lorie Ann Morgan Reg. No. 38,181 Robert H. Brink Each of Glaxo Wellcome Inc., Five Moore Drive, PO Box 13398, Research Triangle Park, NC 27709 Corin, Shari J. Sumner C. Rosenberg Reg. No. 28,753 Reg. No. 46,243 Reg. No. 26,209 William H. Needle Mitchell A. Katz Reg. No. 33,919 Gregory J. Kirsch Reg. No. 35,572 Reg. No. 33,438 David G. Perryman Reg. No. 38,300 D. Andrew Floam Reg. No. 34,597 Gwendolyn D. Spratt Reg. No. 36,016 Nagendra Setty Reg. No. 40,274 Mary L. Miller Reg. No. 39,303 Reg. No. 32,875 Allan G. Altera William R. Johnson Reg. No. 35,276 Reg No.39,956 Lawrence D. Maxwell Kean DeCarlo Charles H. Fails Reg. No. 37,616 Ła Vonda R. DeWitt Reg. No. 40,396 Wesley B. Derrick Reg. No. 46,659 Jacqueline M. Hutter Reg. No. 44,792 Reg. No.42,915 Reg. No. 43,791 Mark A. Murphy Reg. No. 41,113 Tina McKeon Lori L. Kerber Reg. No. 44,496 Reg. No. 46,694 Lizette M. Fernandez Lawrence A. Villanueva Reg. No. 43,968 Patricial L. Ades Jennifer P. Wright Reg. No. 45,242 Reg. No. 45,242 Tingkang Xia Each of Needle & Rosenberg, P.C., 127 Peachtree Street, N.E., Atlanta, GA 30303 Direct Telephone Calls to: Send Correspondence to: Tina McKeon PHONE NO.: PATENT TRADEMARK OFFICE 404-688-0770 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SECOND GIVEN NAME/INITIAL FIRST GIVEN NAME FAMILY NAME **FULL NAME HUTCHINS** Jeff OF INVENTOR 2 COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & CITY **Chapel Hill** US NC O CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE CITY 3709 Colony Wood Drive Chapel Hill NC 27514 US **ADDRESS** DATE: 201 **SIGNATURE** SECOND GIVEN NAME/INITIAL FIRST GIVEN NAME **FULL NAME** FAMILY NAME **KUETTNER Klaus** 2 OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY CTTY RESIDENCE & Chicago IL US 0 CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS CIT POST OFFICE c/o Rush Presbyterian St. Luke's **IL 60612 US** Chicago 2 **ADDRESS** Medical Center, 1753 West Congress Parkway DATE: **SIGNATURE** 202 SECOND GIVEN NAME/INITIAL FIRST GIVEN NAME **FULL NAME** FAMILY NAME Mason LINDLEY Kathryn 2 OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY **RESIDENCE &** Chapel Hill NC 0 CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE c/o Glaxo Wellcome Inc., Five Moore Research Triangle Park NC 27709 US 3 ADDRESS Drive, PO Box 13398 DATE: 203 **SIGNATURE** SECOND GIVEN NAME/INITIAL FAMILY NAME FIRST GIVEN NAME FULL NAME 2 Thomas M. **SCHMID** OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY 0 RESIDENCE & US IL **Downers Grove CITIZENSHIP** STATE & ZIP CODE/COUNTRY CITY POST OFFICE POST OFFICE ADDRESSC/o Rush 4 **IL 60612 US** Chicago **ADDRESS** Presbyterian St. Lukes Medical

DATE: 2-20-01

Center, 1753 West Congress Parkway

204

**SIGNATURE** 

2	FULL NAME OF INVENTOR RESIDENCE &	FAMILY NAME SCHUMACHER CITY	FIRST GIVEN NAME  Barbara  STATE OR FOREIGN COUNTRY	SECOND GIVEN NAME/INITIAL  L.  COUNTRY OF CITIZENSHIP
5	CITIZENSHIP POST OFFICE ADDRESS	Cardiff by the Sea POST OFFICE ADDRESS 2418 Caminito Ocean Cove	CA CITY Cardiff by the Sea	STATE & ZIP CODE/COUNTRY CA 92007 US
205	SIGNATURE	Berbina J. Achus	FIRST GIVEN NAME	DATE: 3/27/200/ SECOND GIVEN NAME/INITIAL
2	FULL NAME OF INVENTOR	STIMPSON	Stephen STATE OR FOREIGN COUNTRY	Anthony COUNTRY OF CITIZENSHIP
0	RESIDENCE & CITIZENSHIP	Chapel Hill	NC	US STATE & ZIP CODE/COUNTRY
<b>6</b>	POST OFFICE ADURESS	POST OFFICE ADDRESS c/o Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
206	SIGNATURE			DATE:
2	FULL NAME	FAMILY NAME SU	FIRST GIVEN NAME Jui-Lan	SECOND GIVEN NAME/INITIAL
0	OF INVENTOR RESIDENCE & CITIZENSHIP	City Chapel Hill	STATE OR FOREIGN COUNTRY NC	US COUNTRY OF CITIZENSHIP
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS c/o Glazo Wellcome Inc., Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
207	SIGNATURE			DATE:

Page 3 of 3

2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
_	OF INVENTOR	SCHUMACHER	Barbara	L.
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ļ	CITIZENSHIP	Cardiff by the Sea	CA	US
5	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	2418 Caminito Ocean Cove	Cardiff by the Sea	CA 92007 US
205	SIGNATURE			DATE:
l			-	
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
-	OF INVENTOR	STIMPSON	Stephen	Anthony
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Chapel Hill Glasolinith	NC	US
6	POST OFFICE	POST OFFICE ADDRESS Kline TAS eto Glazo Welkome Inc. Five Moore	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Drive, PO Box 13398	Research Triangle Park	NC 27709 US
206	SIGNATURE	Stylen Jahry	Dinge	DATE:
2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	SU	Jui-Lan	
0	RESIDENCE &	CITY 9 0	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
İ	CITIZENSHIP	Chapel Hill	NC	US
7	POST OFFICE		СПУ	STATE & ZIP CODE/COUNTRY
	ADDRESS	Drive, PO Box 13398	Research Triangle Park	NC 27709 US
207	SIGNATURE	St . C = 4	<i>Q</i> .	DATE:
	<u> </u>	1 or few h		1 2/6/01

-	<i>·</i>	<u> </u>		
SUPPLEMENTAL DE	CLARATIO	ON FOR UTILIT	TY OR DESIGN	ATTORNEY'S DOCKET
PATENT APPLICATI				PU3851US2
TATENT ATTEICATI	ON WITH	IOWEROFAI	TORNET	First Names Inventor:  Jeff T. Hutchins
				Jen 1. mulchins
				Complete if known:
( ) Declaration submitted with initial	filing or			App No.:
	_			09/780,718
( ) Declaration submitted after initial	filing (surcharge re	equired 37CFR1.16(e))		Dillion Date
				Filing Date February 9, 2001
				Group Art Unit:
				Group rate cane.
				1641
As below named	l inventor. I here	by declare that:		
My residence, post office	address and citiz	enship are as stated belo	w next to my name.	
I believe I am the origina	l first and sole in	ventor (if only one name	is listed below) or an original,	first and joint inventor
			imed and for which a patent is s	
entitled:		9,000		7 -B
SUPERI	FICIAL ZONE F	PROTEIN-BINDING M	IOLECULES AND ÜSES TH	EREOF
the specification of which	(check only one	item below):		
[ ]is attached hereto.				
OR				
			rial No. <u>09/780,718</u> or <b>PCT</b> Int	
Application Number	filed_a	and was amended on (MI	M/DD/YYYY)	(if applicable)
			•	
			he above-identified specification	a, including the claims,
as amended by any amend	dment specifically	y referred to above.		
Lacknowledge the duty to	disclose informs	ation which is material to	patentability as defined in 37 C	'FR 81 56
i acknowledge the duty to	disclose informa	ation which is material to	patentability as defined in 37 c	A K §1.50.
I hereby claim foreign priority ben	efits under 35 U.	S.C. §119 (a)-(d) or §36:	5(b) of any foreign applications	(s) for patent or
inventor's certificate or 365(a) of a				
States of America, listed below an	d have also identi	ified below, by checking	the box, any foreign application	n for patent or inventor's
certificate or of any PCT internation	onal application h	aving a filing date before	e that of the application on which	h priority is claimed:
F				
Prior Foreign Application	(	Country	Foreign Filing Date	PRIORITY
Number (s)			(MM/DD/YYYY))	CLAIMED
1. 0003092.4	<del></del>	GB	02/10/2000	X
2.				
3.	<del></del>			
4.			<del></del>	
5. I hereby claim the benefit under T	itle 25 United St	ates Code \$110(a) of any	/ United States provisional and	ication(s) listed below:
Application No.	ine 33, Omieu St		(MM/DD/YYYY)	cation(s) nsied below.
1. 60/181,377			2/09/2000	
2. 60/201,989	05/03/2000			

## SUPPLEMENTAL DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

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**POST OFFICE** 

**ADDRESS** 

**FULL NAME** 

OF INVENTOR'S

**SIGNATURE** 

RESIDENCE &

CITIZENSHIP

POST OFFICE

**ADDRESS** 

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ATTORNEY'S DOCKET NUMBER
PU3851US2

STATE & ZIP CODE/COUNTRY

SECOND GIVEN NAME/INITIAL

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE/COUNTRY

NC 27709 US

IL 60612 US

M.

Date:

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

-	is material to patent	ability as defined in 37 ling date of this applica	C.F.R. §1.56 which bec	ame available betw	een the filing date of	the prior application(	s) and the national or
PRIOR	U.S. PARENT	APPLICATION o	r PCT PARENT A	PPLICATION			
·						STATUS (Check	one)
Ü.S.	Parent Application or Number	PCT Parent	Parent Filing D (MM/DD/YY)		PATENTED	PENDING	ABANDONED
	··· -						
prosecut	e this application ar		or, I hereby appoint the ness in the Patent and 20462			with	
Address	David J. Levy Corporate Intellect GlaxoSmithKline Five Moore Drive,	tual Property	alls to Customer N	umber <u>23347</u>			alls to: l M. Conger 483-2474
are beli	eved to be true; ar	nd further that these	e statements were m it, or both, under 18	ade with the kn	owledge that wil	lful false statemen	
2	FULL NAME OF INVENTOR	FAMILY NAME HUTCHINS		FIRST GIVEN NAM.  Jeff	Ε	SECOND GIVEN NAMI	E/INITIAL
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STATE OR FOREIGN COUNTRY

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**Thomas** 

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CITY

SUP	PLEMENTA	AL DECLARATION FO	R UTILITY or DESI-	GN ATTORNEY'S DOCKET NUMBER PU3851US2
PAT:	ENT APPLI	CATION WITH POWE	CR OF ATTORNEY C	ontinued
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